December Is Coming: A Time Trend Analysis of Monthly Variation in Adult Elective Anesthesia Caseload across Florida and Texas Locations of a Large Multistate Practice
A. P. Piero, A. Tung, R. P. Dutton, S. Shahul, D. B. Glick

Administrative data across a large U.S. anesthesia group in 2017 to 2019 demonstrated a 20% increase in average daily elective caseload in December compared with January to November. Exploratory analyses demonstrated that this relationship was observed for colonoscopies (which are likely to be elective) but not for coronary artery bypass grafting (which is unlikely to be elective). The proportion of patients with commercial (rather than government) insurance and aged 18 to 64 yr was also higher in December than in other months of the year. SUPPLEMENTAL DIGITAL CONTENT IS AVAILABLE IN THE TEXT

Neurophysiologic Complexity in Children Increases with Developmental Age and Is Reduced by General Anesthesia

Using the Lempel–Ziv algorithm, a mathematical method for assessing neural signal complexity, a positive correlation of cortical complexity with age was found in awake, 8- to 16-yr-old children. During anesthetic state transitions in this pediatric population, cortical complexity decreased during the maintenance phase and, upon recovery of consciousness, remained reduced when compared with preanesthesia baseline levels. SUPPLEMENTAL DIGITAL CONTENT IS AVAILABLE IN THE TEXT

Persistent Postoperative Opioid Prescription Fulfillment and Peripheral Nerve Blocks for Ambulatory Shoulder Surgery: A Retrospective Cohort Study

Among 48,523 patients undergoing ambulatory shoulder surgery in Ontario, Canada, between 2012 and 2017, 16% of patients receiving a nerve block and 17% of patients without a nerve block went on to demonstrate

Cerebral Macro- and Microcirculation during Ephedrine versus Phenylephrine Treatment in Anesthetized Brain Tumor Patients: A Randomized Clinical Trial Using Magnetic Resonance Imaging

At equal mean arterial pressures, the use of ephedrine results in better brain microcirculation and oxygen delivery than with the use of phenylephrine.
Pain Medicine

CLINICAL SCIENCE

Intrathecal Morphine for Analgesia in Minimally Invasive Cardiac Surgery: A Randomized, Placebo-controlled, Double-blinded Clinical Trial
R. Dhawan, D. Daubenspeck, K. E. Wroblewski, J.-H. Harrison, M. McCrory, H. H. Baikhy, M. A. Chaney

Used at a dose of 5 mcg/kg, intrathecal morphine reduced opioid consumption approximately 50% during the first 24 postoperative hours. Additionally, intrathecal morphine reduced pain at rest and with cough for 48 h, although mild nausea was more common among those receiving morphine than those receiving saline saline infusions.

Rhythmic Change of Cortical Hemodynamic Signals Associated with Ongoing Noicception in Awake and Anesthetized Individuals: An Exploratory Functional Near Infrared Spectroscopy Study

Comparable responses to noxious stimuli are seen using functional near infrared imaging methods. This technology could be refined to detect nociception in the clinical environment. SUPPLEMENTAL DIGITAL CONTENT IS AVAILABLE IN THE TEXT

Education

IMAGES IN ANESTHESIOLOGY

Intracardial Cement in Postanesthesia Care Unit
C. Qiao, M. Lv, Y. Wang

SUPPLEMENTAL DIGITAL CONTENT IS AVAILABLE IN THE TEXT

CLINICAL FOCUS REVIEW

Benefits and Risks of Dexamethasone in Noncardiac Surgery
P. S. Myles, T. Corcoran

Dexamethasone is an effective antiemetic and improves patient quality of recovery. Meta-analyses and a recent large trial found no increase in risk of surgical site infection. Dexamethasone should be more widely used in perioperative practice.

REVIEW ARTICLE

The Evolution, Current Value, and Future of the American Society of Anesthesiologists Physical Status Classification System
B. Horvath, B. Kloesel, M. M. Todd, D. J. Cole, R. C. Prielipp

A comprehensive review and evaluation of the history, current format, strengths, and limitations of the American Society of Anesthesiologists Physical Status classification system.

MIND TO MIND

The Curtain Draws Back
D. A. Gutman

A Letter to Medical Students from an Anesthesiologist
M. Sung-jin Ok

CORRESPONDENCE

Anesthesiologists and Value-based Care: Comment
R. E. Carlson, J. A. Martin

Anesthesiologists and Value-based Care: Reply
A. Mahajan, S. A. Esper, D. J. Cole

Quadratus Lumborum Block in Total Hip Replacement: Comment
J. Hu, M. Xu, Q. Wang, J. Yang